VOLUNTEER WAIVER OF LIABILITY ADDENDUM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wishing to volunteer my time and services for Union-Anson County Habitat for Humanity hereby acknowledge that said organization is doing everything they can to protect the public as well as myself as a volunteer.

Union-Anson County Habitat for Humanity is committed to the safety of our staff, volunteers, and clients. The seriousness of COVID-19 is prompting us to take immediate steps that balance the demands of our mission while limiting risk and helping to ensure everyone’s safety.

I agree to follow Center of Disease Control (CDC) and local health district guidelines and Union-Anson County Habitat for Humanity’s policies and procedures for social distancing to reduce the spread of Novel Coronavirus, or COVID-19. This will require me to maintain six (6) feet of distance between myself, fellow volunteers, and staff of the organization as much as possible.

By signing this addendum I will adhere to the following requirements while volunteering on the construction site:

* I am required to provide and wear my own mask and work gloves.
* I will distance myself 6 feet apart from others at all times.
* I will wash my hands thoroughly before and after using the porta-johns, eating lunch, and taking breaks.
* I will bring my own labeled tools, including a hammer, utility knife, tape measure for my use only if owned.

Union-Anson County Habitat for Humanity is not responsible for any potential exposure to Novel Coronavirus, or COVID-19, which is not a direct result of negligence on the part of their employees, volunteers, or the organization. I hereby release, indemnify, and hold harmless Union-Anson County Habitat for Humanity, the organizers, sponsors, agency partners and supervisors of all its activities, from all liability in connection with contracting any illness connected to the Covid-19 virus while volunteering.

By signing below, you are affirming that you understand the risks involved in volunteering your time with Union-Anson County Habitat for Humanity and you yourself are not currently experiencing symptoms of illness that may put others at risk.

PRINTED FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_